

<b>VHA CERTIFICATE</b>	FOR PERSONNEL USE ONLY:	TYPE OF ACTION <input type="checkbox"/> START <input type="checkbox"/> CHANGE	EFFECTIVE DATE:
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<b>PART I: IDENTIFICATION AND HOUSING INFORMATION (TO BE COMPLETED BY MEMBER)</b>			
1. MEMBER'S NAME (Last, First, Middle Initial)		2. PAY GRADE	3. SSN
4. DUTY STATION		5. CITY AND STATE	6. DUTY PHONE
7. MEMBER'S RESIDENTIAL ADDRESS (Street, Apt No., City, County, State and Zip Code)			
8. DEPENDENTS RESIDENTIAL ADDRESS (Street, Apt No., City, County, State and Zip Code)			
9. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (YYMMDD)			
9a. MEMBER'S			
9b. DEPENDENT'S (Complete if Block 8 is filled out)			
10. To determine if you are a "sharer", enter an X in the appropriate box at the left for each category of individual occupying your residence. For each category you mark with an X, enter the total number of individuals in that category in the box at the right.			
	a. Myself		
	b. Spouse who is also a servicemember		
	c. Spouse or other family member who is a civilian employee entitled to a living quarters allowance		
	d. Other servicemembers entitled to basic allowance for quarters (Enter total number)		
	e. Excluding family members, any others not covered above who pay a portion of the rent, mortgage, and/or utilities		
	f. Enter the total of 10a thru 10e above. If results exceed "1" you are considered a sharer)		
11. EXPENSES: If authorized, I am requesting VHA based on:			
<input type="checkbox"/> my permanent duty station <input type="checkbox"/> my dependent's location <input type="checkbox"/> both my permanent duty station and dependent's location			
a. Monthly/Ownership Expenses		b. Monthly Rental Expenses	
(1) Principal/Interest		(1) Rent	
(2) Taxes		(2) Insurance	
(3) Insurance		(3) Other (Specify)*	
(4) Other (Specify)*		*Docking fees, trailer hookup fees and/or trailer lot fees. DO NOT include Condo/Maintenance Fee.	
Variable Housing Allowance (VHA) was implemented to provide military members an allowance based on the difference between a member's BAQ and the actual rent a member pays, not to exceed the maximum VHA payable. If changes occur in residency, dependency, number of members sharing rent, notify command/personnel/disbursing officer as soon as possible. The penalty for making a fraudulent claim/statement is a maximum fine of \$10,000.00 or maximum imprisonment of five years, or both (18 U.S. Code, Section 287). I certify that I fully understand the conditions of entitlement to VHA and my responsibility for promptly notifying appropriate officials when a change affecting my entitlements occurs.			
12. SIGNATURE			13. DATE

  

<b>PART II: COMPUTATION (To be completed by disbursing)</b>			
14. VHA ELIGIBILITY COMPUTATION		STOP HERE IF 14g IS GREATER THAN 14d	
COLUMN A		COLUMN B	
a. BAQ		h. Enter amount from 14d	
b. FSA TYPE-1		i. Enter amount from 14g	
c. VHA		j. Subtract 14i from 14h. Enter difference	
d. TOTAL		k. Enter amount from 14c.	
e. Housing Cost (Divide by # of sharers & enter sharers portion)		l. Subtract 50% of 14i from 14c	
f. Utility/Maintenance Expense (Divide by # of sharers & enter sharer's portion)		m. Enter difference. This is the member's VHA entitlement	
g. TOTAL			